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aintenance fee notifications.	, , , , , ,	·					
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06/05/2006

SCHMEISER, OLSEN & WATTS 22 CENTURY HILL DRIVE SUITE 302 LATHAM, NY 12110



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(Depositor's name)	
(Signature)	
(Date)	-

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/710,940	08/13/2004	John M. Cohn	BUR920040164US1	4939	

TITLE OF INVENTION: METHOD FOR DESIGNING AN INTEGRATED CIRCUIT DEFECT MONITOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	09/05/2006
EXA	MINER	ART UN	IT	CLASS-SUBCLASS	]	
DINH	, PAUL	2825		716-004000		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>		(1) the nor agents (2) the nor registered 2 register	inting on the patent front page, ames of up to 3 registered pate OR, alternatively, ame of a single firm (having as d attorney or agent) and the narred patent attorneys or agents. It on a mane will be printed.	a member a mes of up to	iser, Olsen & ; Richard M. ak	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Busine	ess Machines	Corporation,	Armonk,	ΝY
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incernacional business machines c	orporation, armone, wi
Please check the appropriate assignee category or categories (will not be	e printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Governmen
4a. The following fee(s) are enclosed:  X Issue Fee  X Publication Fee (No small entity discount permitted)  ☐ Advance Order - # of Copies	4b. Payment of Fee(s):  ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number09-0456
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	(IBM)  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if required) will not be acceptable.	ication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

interest as shown by the records of the United States Patent and Trademark Office. 99999933 **999**436 10710940

Authorized Signature

Typed or printed name

Jack P.

Date FC: 456 300.00 DA 4.688 02 FC:1504 Registration No.

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